

Foster Family Home - Corrective Action Report

Provider ID: 1-150006

Home Name: Sonia Agni, CNA

Review ID: 1-150006-8

94-1276 Peke Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 12/18/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- CG#1 and CG#3's TB clearances lapsed on 11/27/2020 and no current results seen in the CCFFH binder.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)Fire- No monthly fire drill conducted since 2/22/2020 till 11/30/2020.

Foster Family Home	Quality Assurance	[11-800-50]
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50.(b) Adverse events shall be reported

Comment:

50.(b)- one medication discrepancy in dosage for Client #3: doctor ordered [REDACTED] Medication Administration record listed [REDACTED] and medication labeled as [REDACTED]. No Adverse event reported to client's CMA noted in client's chart.

Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(5)

Medication schedule checklist;

54.(c)(6)

Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Client #1's Medication Administration Record was last signed on 12/14/2020.

Client #3- one medication's label didn't match the doctor's order and the Medication Administration Record.

54.(c)(6)- ADL/Daily Care Flowsheet for Client #1 was last signed on 12/14/2020; no signatures seen on Client #1's progress/observation notes on each caregivers' documentation from 3/17/2020 - 12/13/2020.

Therick Nakawine, RN
Compliance Manager

SOPHIA NGNI
Primary Care Giver

12/18/2020
Date

12/18/20
Date

PM

CTA RN Compliance Manager:

Maribel Nakamine

Community Care Foster Family Home (CCFFH)

Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate:

SONIA AGNI

(PLEASE PRINT)

CCFFH Address:

94-1276 PEKE PLACE WAIPIAHU HI. 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
41(f)(1)	CG#1 and CG#3's TB clearances lapsed and the current results were placed in home binder	12/30/20	Home will use a planning calendar to schedule due dates using highlights pen
(3P)(b)(1)	December fire drill were placed in home binder	12/20/20	
50.(b)	Client #3 were given [REDACTED] instead of [REDACTED] prescribed by the Dr. CG#1 informed the family and reported to client's CMA. CG#1 asked refills of [REDACTED] from the doctor.	12/19/20	Home will make sure to see and read each bottles of medication carefully..



All items that were fixed are attached to this CAP

PCG's Signature:

[Signature]

Date:

Jan 4, 2021

CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Natamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Sonia Agui
(PLEASE PRINT)

CCFFH Address: 94-1276 Peke Place, Waipahu HI- 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c)(5)	CG#1 did signed (MAR) Medication Administration Record from 12/14/20 to 12/18/20 for client #1. For client #3, medication label were checked. adverse event were faxed to CMA and asked for refills to PCP.	12/18/20	To sign MAR right away after meds given and to set an alarm during the night to double check if all MARs ^{where signed} before going to bed.
54.(c)(6)	ADL's & progress observation notes & signatures were made for client #1	12/18/20	checked medication labels carefully before giving to all clients. An alarm or Big notes on the table has to be used on charting AdL & progress/observation notes before day ends.

☒ All items that were fixed are attached to this CAP

PCG's Signature: [Signature]

Date: 1/12/2021

☒ CTA has reviewed all corrected items